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APR 1 3 2004

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Sharon Kroll (Depositor's pame) haron (Liznoture 2004 (Date)

APPLICATION NO.	· FILING DATE ·	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/674,191	09/29/2003	•			Vayne E. Bretl		,	7204CIP5 · ·	4777 ·

TITLE OF INVENTION: ROBUST SYSTEM FOR TRANSMITTING AND RECEIVING MAP DATA

appln. Type	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/30/2004
EXAMINER LAUTURE, JOSEPH J		ART UNIT	CLASS-SURCILASS	٠ :	
		2819	341-050000		•
Change of correspondence address or indication of "Fee Address" (37 FR 1,363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			For printing on the patent front pug- senses of up to 3 registered patent tents OR, alternatively, (2) the name rm (having as a member a registered cent) and the names of up to 2 regi- torneys or agents. If no name is list ill be printed.	attorneys or 1e of a single d attorney or 2stered patent	

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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Please check the appropriate assignce category or cate	······································	Was in an arrange		5			
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04/14/2004 AWONDAF2 00000087 260175 10674191

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Date:

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Commissioner for Patents

Fax No.:

703/ 746-4000

From:

Jack Kail

Re:

U.S. serial no. 10/674,191 (D-7204CIP5)

Number of Pages Including Cover Page: 2

Following is the completed and signed Fee Transmittal form (part B) for the above referenced patent application.